SECOND CARNEGIE INQUIRY INTO POVERTY AND DEVELOPMENT IN SOUTHERN AFRICA

A community health project for the aged in Grassy Park/Lotus river: An assessment and guide-lines for the future

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A COMMUNITY HEALTH PROJECT FOR THE AGED IN GRASSY PARK/ LOTUS RIVER - AN ASSESSMENT AND GUIDELINES FOR THE FUTURE.

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Health conditions in South Africa cannot be isolated from the prevailing social,political and economic conditions which exist. Severe contradictions exist within the national health situation.In oppressed communities the incidence of diseases associated with poverty is high whereas in communities of the ruling classes diseases of affluence are rife e.g. 24 whites die from heart attacks daily.The maintenance by the state of an unjust social and economic system is directly responsible for the high incidence of diseases of poverty and it°s policy of forced removals and relocations has created the material conditions for the development of slums and the flourishing of disease. This uprootment of settled communities has compounded the psychological and social uncertainties associated with ageing. The battles to secure decent housing,freedom from starvation and the elimination of poverty and disease are legitimate short term goals for concerned community leaders.This concern led to the approach by LOTUS RIVER/GRASSY PARK RESIDENTS ASSOCIATION(LOGRA) to HEALTH WORKERS SOCIETY (H.W.S) to conduct a project to assess the the health of the aged in their community. For health workers participation within such community projects provides a rationale for meaningful interaction with the community-not only as dispensers of aid,but as active participants in the process of "conscientization" of the oppressed.However the basis by which health professionals participate in such projects should be carefully defined because the danger exists that the recipients of the project may be placed in a more dependent position with regard to their health needs.

Grassy Park is a predominantly working class area situated within the boundaries of the Divisional Council of the Cape,and bordering on Muizenberg to the south,Ottery to the north,Mitchell°s Plain to the East and Wynberg to the

West.In recent years the Lotus River/Grassy park area has become built up due to a large influx of people forced to move here by the Group Areas Act.Medical needs in this area are serviced by general practitioners for private patients,two Day Hospitals,a clinic for preschool children and 5 kilometers away, in an adjacent area a regional hospital (Victoria) is situated.Housing has been provided by the Divisional and City Councils and consists of economic or subeconomic houses or flats.Subeconomic houses are of a particular low standard and housing has been allocated to people without regard to their personal needs e.g. many of the patients lived on the second floor of these flats and had great difficulty in climbing stairs.This project originated in the concern felt by community leaders for the health of their community especially in relation to the quality of housing and health care facilities in the area.It was decided to focus on the health needs of the elderly since they tend to make more frequent use of health care facilities and are more vulnerable to poor living conditions and forced displacement.

AIMS.

1)to assess the health needs of the elderly;examine their understanding of disease processes,the need for therapy,and the effects of social conditions on disease.
2)to collect objective information on the health conditions in order to negotiate for better living conditions.
3)to initiate the training of members of the community in medical care.

Benefits hoped for-

a)to strengthen LOGRA.

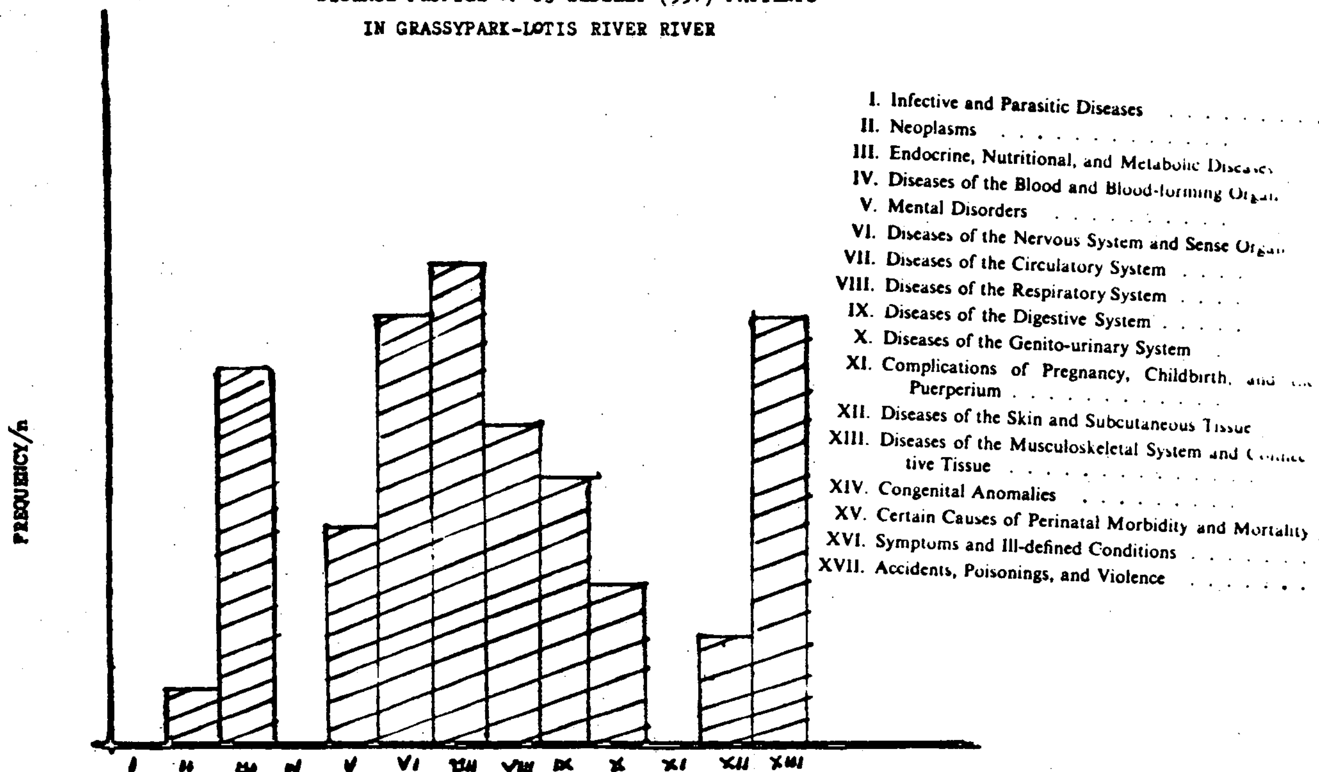
b)to ideologically reorientate health workers.

c)to stimulate the awareness of the community in their capacity to promote change.

METHODS.

In order to ensure that this was not a "charitable" project the community had to be actively involved.The LOGRA agreed to notify the patients and to transport them to the examination centre which had been provided by a resident.H.W.S. would arrange for the examination of patients,health education and assist in the transport of patients back to their homes.No medication was dispensed.Patients were seen only on Saturday mornings.The original intention was to study the aged over 60 years.This was estimated to comprise approximately 2% of the population.To achieve this the area was divided into regions and all people aged over 55 were invited to attend.However to get each person from an area was impossible.Often the elderly had to care for grandchildren during the hours of the clinic.Inclement weather added to the problems even though community leaders provided transport.During the eight months of the study only a total of 83 persons could attend.The study was the called off because the community organization felt that the project could not continue into the next year.Such a sample cannot be considered to be representative of the elderly and may contain serious biases.Nevertheless it was felt that this report could stimulate interest in a more systematic investigation in this or other areas.

DISEASE PROFILE OF 83 ELDERLY (55+) PATIENTS IN GRASSYPARK-LOTIS RIVER RIVER



ICD 8

RESULTS.

The age distribution according to sex is tabulated.

Age:	<60	60-64	65-69	70-74	75-79	80+	unknown.
Male:	2	0	6	6	4	3	4
Female:	7	10	12	10	8	6	5
Total:	9	10	18	16	12	9	9

The actual disease profile is shown in the figure.

Existing health care centres were regularly used.For economic reasons only about 10% could make use of private practitioners.About 16% commented unfavourably on their health care services although although nearly 58% did not wish to comment.This seems to support the findings of Steiger and Yates (1969) that the elderly require caring rather than curing since not much curing can in any case be achieved.At Day Hospitals there is very little time available for talking unhurriedly to patients.

Conclusions.

The design of the study did not allow us to achieve the aims mentioned.A health profile was obtained. Our impression was that patients found our attempts at patient education meaningful.Very few of the elderly spoke favourably of the quality of health care and the conditions of their existence.A primary need was identified for a more meaningful social interaction.This,according to Berkman(1980), is an important sociological factor for poor health.Existing

medical services cannot provide the need for caring. This group are passive recipients of health care and have no say in the type of care.

The effects of generations of socio-economic and cultural oppression determine the ideological interactions between patients and health services and doctor and community. These class roles have to be eliminated if the community is to intervene meaningfully in improving their conditions. This type of project should be pursued in order to provide an alternative system of health care and health education in South Africa. Some guidelines for such projects are provided :

a)community organizations should request and control the project.

b)the project should be of a critical magnitude so that it generates other projects.

c)the immediate needs as well as the sequelae of the project must be realized.

d)mass participation of the community should be strived at in order for the oppressed to pursue the struggle for better health themselves.

e)communication with others running similar projects must be promoted.

f)the problems and information required to solve the problem should be clearly thought out. Technical details concerning the sampling plan and costs should be estimated at the beginning of the project.

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These papers constitute the preliminary findings of the Second Carnegie Inquiry into Poverty and Development in Southern Africa, and were prepared for presentation at a Conference at the University of Cape Town from 13-19 April, 1984.

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Quoting (in context) from these preliminary papers with due acknowledgement is of course allowed, but for permission to reprint any material, or for further information about the Inquiry, please write to:

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